

# **AS PER THE BUILDING INSPECTOR:**

**ALL ITEMS REQUIRED FOR  
PERMIT PROCESS**

**MUST BE INCLUDED OR  
APPLICATION**

**WILL NOT BE  
ACCEPTED**

***(no exceptions)***

**ANY QUESTIONS PLEASE CALL THE  
BUILDING INSPECTOR @ (845) 831-7800  
ext 3321.**



**TOWN OF FISHKILL**  
**CODE ENFORCEMENT**

# **TOWN OF FISHKILL**

## **OFFICE OF MUNICIPAL DEVELOPMENT**

807 Route 52, Fishkill, New York 12524-3110

website: [www.fishkill-ny.gov](http://www.fishkill-ny.gov)

(845) 831-7800 ext. 3322 Fax: (845) 831-3256



**NEW YORK STATE**  
**CODE ENFORCEMENT**

## **SHED**

## **BUILDING PERMIT PACKAGE**

### **1. CONSTRUCTION DRAWINGS-**

**A: For Pre-Fab Shed:** Copy of brochure showing specs for specific shed.

**B: If constructing shed:** Need to submit two (2) drawings of the proposed shed showing all details. If building shed with footings, the minimum depth of the footings is to be no less than 42".

### **2. LOCATION PLAN-** A location plan or stamped survey of the property showing the location of the shed and indicating the proper setbacks from the property lines in conformance with The Town of Fishkill Zoning Ordinance.

### **3. WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** – Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.

- Contractors **MUST** submit Certificate of Liability naming Town of Fishkill or homeowner of project as Certificate Holder.
- Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
- Homeowners doing their own projects **MUST** fill out form BP-1 (included in packet) and have notarized.

### **4. If contractor is applicant, the contractor MUST provide a letter from the homeowner authorizing him to file for Building Permit.**

### **5. All applications MUST be complete before review by a Building Inspector.**

**BUILDING PERMIT APPLICATION**

Application/Permit #

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**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

The undersigned hereby applies for a permit to completely perform work in accordance with the description, plans, specifications and/or professionally prepared design standards and such conditions as may be indicated on the permit. The permit must be filled out completely and often requires the previous approvals of other agencies which must be included with the application. All provisions of the Town of Fishkill, local law and all other appropriate rules and regulations shall apply. The permit does not constitute authority to perform work in violation of any federal, state or local laws.

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDING SITE LOCATION: \_\_\_\_\_

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06

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PROJECT: \_\_\_\_\_

(Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Construction of New Building                      | <input type="checkbox"/> Pool - Above Ground: size _____                                |
| <input type="checkbox"/> Demolition  | <input type="checkbox"/> Pool - In-Ground: size _____                                   |
| <input type="checkbox"/> Factory Manufactured Home                         | <input type="checkbox"/> Garage, Attached   |
| <input type="checkbox"/> Conversion - Change in Use/Occupancy              | <input type="checkbox"/> Garage, Detached   |
| <input type="checkbox"/> Alteration  | <input type="checkbox"/> Noncommercial Storage Building (shed)                          |
| <input type="checkbox"/> Addition to Existing Building                     | <input type="checkbox"/> Deck/Porch   |
| <input type="checkbox"/> Repair to Existing Structure                      | <input type="checkbox"/> Solid Fuel Heating Device (woodstove, pellet stove, fireplace) |
| <input type="checkbox"/> Installation/Replacement of Equipment and Systems | <input type="checkbox"/> Sign   |
| <input type="checkbox"/> Installation/Extension of Electrical Systems      | <input type="checkbox"/> Other: _____   |

Size of Structure (dimensions): \_\_\_\_\_ Square Footage: \_\_\_\_\_

Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ Finished Basement? \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ Fire District: \_\_\_\_\_

**Proposed Setback Minimums:**

Distance of structure from... Front Line: \_\_\_\_\_ Rear Line: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Road Frontage (feet): \_\_\_\_\_ Lot Area (acres): \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Planning Approval - Site Plan, Special Use, etc.   | <input type="checkbox"/> SAN 34 Form - Dept. of Health Approval          |
| <input type="checkbox"/> Town Variance (attach ZBA resolution)              | <input type="checkbox"/> Manufactured Home: Stamped and Signed Plans     |
| <input type="checkbox"/> State Variance (attach Board of Review resolution) | <input type="checkbox"/> Trusses: Stamped and Signed Plans               |
| <input type="checkbox"/> Driveway Permit - Town, County, State DOT          | <input type="checkbox"/> Energy Code Compliance Sheet                    |
| <input type="checkbox"/> Water/Sewer District Approvals                     | <input type="checkbox"/> Electrical Inspection Agency: Application Filed |
| <input type="checkbox"/> Wetland  | <input type="checkbox"/> Attached Plot Plan or Survey                    |
| <input type="checkbox"/> Flood Plain  | <input type="checkbox"/> <b>INSURANCE / WORKERS COMPENSATION</b>         |

**ESTIMATED COST OF PROJECT:** \_\_\_\_\_

Zoning Dept. Use:

Bldg. Dept. Use:

☐ FEE: Deposit: \_\_\_\_\_ Balance: \_\_\_\_\_ Total: \_\_\_\_\_

The undersigned applicant is responsible to notify the Town and hereby consents by the execution of this application to all necessary inspections to be made by the Building and Zoning Department of the Town of Fishkill. It is the responsibility of the applicant and design professional to contact the Building Department and supervise, certify all work changed from the original plans to be appropriately recorded and approved. It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

**All inspections are listed on Building Permit.****All applications MUST be complete before review by an Inspector.****MINIMUM 72 HOURS FOR PERMIT TO BE ISSUED**

Signature (Owner, Builder, Agent)

Date

# LOCATION PLAN

Application/Permit #

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TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

APPLICANT (owner of premises):

LOCATION OF PROPOSED  
WORK:

TAX GRID NUMBER: #06

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INTERIOR LOT:

CORNER LOT:

ZONING DISTRICT:

A SITE PLAN OR PLOT PLAN NOTING ALL SITE FEATURES MAY BE SUBSTITUTED FOR THIS FORM

Rear Yard  
\_\_\_\_\_ ft.

Side Yard  
\_\_\_\_\_ ft.

Side Yard  
\_\_\_\_\_ ft.

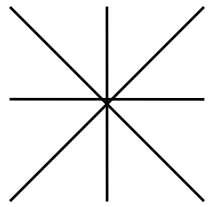
Front Yard  
\_\_\_\_\_ ft.

Frontage  
\_\_\_\_\_ ft.

Nearest Street  
\_\_\_\_\_ ft.

Nearest Street  
\_\_\_\_\_ ft.

Street Name: \_\_\_\_\_



MARK NORTH  
POINT

## IMPORTANT NOTE:

The applicant is responsible for accuracy in dimensions shown above.  
INDICATE LOCATION OF WELL AND SEWAGE SYSTEM  
AND THE DISTANCE OF EACH FROM STRUCTURE

**WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS**  
**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

**For Workers Compensation**

**C-105.2**

**U-26.3**

**SI-12**

**GSI-105.2**

**For Disability**

**DB-120.1**

**DB-155**

**ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.**

**You can get the proper forms from your insurance company.**

**If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.**

**If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.**

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____, _____  _____ (County Clerk or Notary Public)
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Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

## LIST OF ELECTRICAL INSPECTION AGENCIES

### **Commonwealth Electrical Inspection Service, Inc.**

CEIS Inc., 176 Doe Run Road, Manheim, PA 17545

**(800)801-0309 Fax: (315)736-0461**

**<http://www.codeservices.net/>**

Local Inspector(s):

**Ron Henry (845) 541-1871 (voicemail 24/7)**

**(845)562-8429 Office and Fax**

2 Mallard Drive, Newburgh, NY 12550

### **Z3CONSULTANTS**

19 Fowler Avenue, Poughkeepsie, NY 12603

**(845) 471-9370 Gary Beck, Jim Greaves**

**[www.Z3Consultants.com](http://www.Z3Consultants.com)**

### **Atlantic-Inland, Inc.**

997 McLean Road, Cortland, NY 13045

**(845)876-8794 or (800)758-4340**

**<http://www.atlanticinland.com>**

**William Jacox (845)876-8794**

12 Ackert Hook Rd., Rhinebeck, NY 12572

### **New York Board of Fire Underwriters**

111 Washington Ave., Albany, NY 12210

**(518)463-2122 or (800)356-2556 Fax: (518)463-8332**

**<http://www.nybfu.org/electricalbureau.htm>**

**Pat Decina (845)855-7224**

### **Middle Department Inspection Agency, Inc.**

142 Troy-Schenectady Rd., Watervliet, NY 12189

**(518)273-0861 or (800)873-6342 Fax: (518)273-1202**

**<http://www.mdia.net/>**

**David J. Williams (800)479-4504**

### **Tri-State Inspection Agency**

PO Box 1034, Warwick, NY 10990

**(845)986-6514 or (800)847-6264 Fax: (845)986-0535 9AM to 6PM**

Local Inspector(s):

**Lou Ambrosia (845)986-6514 9AM to 6PM, Mike Gromwaldt (845) 223-6793**

**Bob Stumbo (845) 656-9693, Nick DiFusco (914) 438-6776**

### **New York Electrical Inspections**

PO Box 384, Amenia, NY 12501

**(845)373-7308 Fax: (845)373-7309**

### **New York Electrical Inspection Services, Inc.**

54 North Central Avenue Elmsford, NY 10523

**(914) 347-4390 Fax: (914) 347-4394**

### **The Inspector, LLC**

7063 State Route 374, Chateaugay, NY 12920-0000

**(518) 497-9918**

### **\*\*\*IMPORTANT\*\*\***

All new electrical work requires inspection(s) by one of the approved electrical Inspection agencies listed above. Connection of electrical work without proper Inspection is a violation of the Code of the Town of Fishkill and subject to fines.

**ABBREVIATED SUMMARY OF PERMIT FEES – RESIDENTIAL**  
**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

**RESIDENTIAL BUILDING PERMITS**

Minimum Fee (or minimum fee required to submit an application):	\$ 75.00
See miscellaneous fees for retroactive work, electrical only work, etc.	
<b>New Home Construction</b> (per \$1000 of estimated construction cost less land value):	\$ 12.00/\$1K
<b>Additions:</b>	0.40/sq.ft.
New finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
<b>Interior Alterations:</b>	0.30/sq.ft.
Existing finished areas including, but not limited to, living areas, kitchens, bathrooms, bedrooms, closets, etc.	
<b>Garages:</b>	
Attached:	0.40/sq.ft.
Detached:	0.40/sq.ft.
<b>Storage Buildings (sheds):</b>	
Up to 400 square feet:	\$75.00
<b>Decks/Porches/Patios:</b>	
Open or with roof cover only:	0.30/sq.ft.
Enclosed:	0.40/sq.ft.
Patios (impervious or associated with a pool):	0.20/sq.ft.
<b>Plumbing installations (alterations not included):</b>	
Kitchens:	20.00 each
Half bath (two fixtures):	20.00 each
Full bath (three fixtures):	20.00 each
Future rough-in:	10.00 each
<b>Pools:</b>	
Above ground (deck, platform or patio not included):	75.00 each
In ground (deck, platform or patio not included):	75.00 each
<b>Conversions:</b>	
Extended one-family use (alterations not included):	125.00 each
Accessory apartment use (alterations not included):	125.00 each
<b>Heating Equipment (Furnaces, Boilers, Woodstoves, Pellet Stoves, Fireplaces, etc.):</b>	
New installations (alterations not included):	50.00 each
Replacements (alterations not included):	50.00 each

**MISCELLANEOUS FEES – RESIDENTIAL**

Retroactive Work (in additional to above fees for each occurrence):	\$250.00 <u>PLUS</u>
Additional fee required to submit a Building Permit application or Building Permit for work commenced or completed prior to approval of such Building Permit or amendment.	10% of the Cost of construction amendment
Electrical Work Only:	\$50.00 each
Temporary Construction/Office Trailer (requires Planning approval):	125.00/year
Sign - New Construction/Installation/Electric - (separate Zoning Permit is also required):	150.00 each
Re-inspection Fee (for re-scheduling of inspections, assessed at the discretion of the Building Inspector):	50.00 each
Municipal Files Searches (transcript of records only):	175.00 each
Additional fee for an on-site verification inspection:	125.00 each
Land Development Permit (Chapter 78):	100.00 each
(Fee applies only to applications that are not connected to site plan, subdivision, special use permit or building permit applications.)	
Top Soil and Excavation Permit (Chapter 128-5A):	100.00 each
(Fee applies only to applications that are covered under Chapter 128-5A.)	
Landscaping or Driveway Bond - administration fee (nonrefundable - notes 4 & 5):	\$ 100.00
(Bond amount shall be equal to cost of seeding or paving.)	
<b>Building and/or Structural Demolition:</b>	
Minimum Fee (includes work covering up to and including 250 square feet):	\$ 50.00
Add to minimum fee for each square foot, or fraction thereof, exceeding 250 square feet:	0.10/sq.ft.